

# METHOD OF PAYMENT FORM

NAME OF SHOW: \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_



**Kentucky Exposition Center**

**ATTN: Service Desk**

P O BOX 37130 Louisville, KY 40233

PH: (502) 367-5321 FAX: (502) 367-5358

If you are going to utilize the services of Kentucky Exposition Center, this form must be completed and returned. Please indicate, below, the method of payment you will be using for services provided.

☐ **CASH**  
☐ **CHECK**

To the address above in U.S. funds

**\*\*A service fee of \$25.00 will be charged on checks that are returned for any reason.\*\***

☐ **BANK TRANSFER**

Kentucky State Fair Board

Fifth Third Bank

Fountain Square

Cincinnati, OH 45263

ACCT: 82194565

Receipts account

ABA# 083 002342

Wire info: 042 000314

Swift# FTBC US 3C

**CREDIT CARD**

☐ **VISA**

☐ **MASTERCARD**

☐ **AMERICAN EXPRESS**

☐ **DISCOVER**

This authorization will allow us to charge your account for your advanced orders and any additional amounts incurred as a result of show site orders placed by representative. **(THIS INCLUDE INTERNAL FREIGHT HANDLING CHARGES.)**

**\*\*A service fee of \$25.00 will be charged for any credit card purchase that is reversed or chargedback.\*\***

Account no: \_\_\_\_\_

Verification Number \_\_\_\_\_

(3 digit number on back of card)

Expiration Date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

☐ **THIRD PARTY AUTHORIZATION**

We agree, as Exhibit Contractor for the client, that we are responsible for payment of charges. All items indicated below will be the sole responsibility of the Exhibit Contractor.

**All invoices are Net 30 Days**

- ☐ All Services
- ☐ Electric
- ☐ Labor
- ☐ Water/Air Connections
- ☐ Forklift/JLG Highlift rentals
- ☐ Carpet Cleaning
- ☐ Freight Handling

**THIRD PARTY AGENT:**

Account no: \_\_\_\_\_

Verification Number \_\_\_\_\_

(3 digit number on back of card)

Expiration Date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I AGREE TO ALL TERMS AND CONDITIONS AS DESCRIBED IN THIS METHOD OF PAYMENT FORM

**PLEASE RETURN FORM & PAYMENTS TO THE ADDRESS ABOVE.**

**ORDER DEADLINE DATE:  
21 DAYS PRIOR TO  
SHOW DATE**

UPDATED 1/6/09